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| AO 435 (Rev. 03/08) | | Administrative Office of the United States Courts | | | FOR COURT USE ONLY | |
| TRANSCRIPT ORDER | | | | | | DUE DATE: |
| <i>Please Read Instructions:</i> | | | | | | |
| 1. NAME Katie O'Leary | | | 2. PHONE NUMBER (617) 728-8795 | | 3. DATE | |
| 4. MAILING ADDRESS Office of Bar Counsel 99 High Street | | | 5. CITY Boston | | 6. STATE MA | 7. ZIP CODE 02110 |
| 8. CASE NUMBER 1:11-cr-00186-S-PAS-1 | | 9. JUDGE William E. Smith | | DATES OF PROCEEDINGS 10. FROM 5/13/2013 11. TO 5/20/2013 | | |
| 12. CASE NAME | | | LOCATION OF PROCEEDINGS 13. CITY 14. STATE | | | |
| 15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input checked="" type="checkbox"/> OTHER | | | | | | |
| 16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) | | | | | | |
| PORTIONS | | DATE(S) | | PORTION(S) | | DATE(S) |
| <input type="checkbox"/> VOIR DIRE | | | | <input type="checkbox"/> TESTIMONY (Specify Witness) | | |
| <input type="checkbox"/> OPENING STATEMENT (Plaintiff) | | | | | | |
| <input type="checkbox"/> OPENING STATEMENT (Defendant) | | | | | | |
| <input type="checkbox"/> CLOSING ARGUMENT (Plaintiff) | | | | <input type="checkbox"/> PRE-TRIAL PROCEEDING (Specify) | | |
| <input type="checkbox"/> CLOSING ARGUMENT (Defendant) | | | | | | |
| <input type="checkbox"/> OPINION OF COURT | | | | | | |
| <input type="checkbox"/> JURY INSTRUCTIONS | | | | <input checked="" type="checkbox"/> OTHER (Specify) | | |
| <input type="checkbox"/> SENTENCING | | | | All proceedings 5/13/13; | | 15 |
| <input type="checkbox"/> BAIL HEARING | | | | 5/15/13; 5/20/13 | | 20 |
| 17. ORDER | | | | | | |
| CATEGORY | ORIGINAL (Includes Certified Copy to Clerk for Records of the Court) | FIRST COPY | ADDITIONAL COPIES | NO. OF PAGES ESTIMATE | COSTS | |
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| REALTIME | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional). | | | | ESTIMATE TOTAL | 0.00 | |
| 18. SIGNATURE <i>Katie O'Leary</i> | | | | PROCESSED BY | | |
| 19. DATE 5/22/13 | | | | PHONE NUMBER | | |
| TRANSCRIPT TO BE PREPARED BY | | | | COURT ADDRESS | | |
| ORDER RECEIVED | DATE | BY | | | | |
| DEPOSIT PAID | | | DEPOSIT PAID | | | |
| TRANSCRIPT ORDERED | | | TOTAL CHARGES | 0.00 | | |
| TRANSCRIPT RECEIVED | | | LESS DEPOSIT | 0.00 | | |
| ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT | | | TOTAL REFUNDED | | | |
| PARTY RECEIVED TRANSCRIPT | | | TOTAL DUE | 0.00 | | |

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